Article

Special considerations for vitamin D in the South Asian population in the UK

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Figure 1. Adult Patient Pathway for Vitamin D Deficiency in Primary Care, from Lancashire Medicines Management Group, version 2. (Smith, 2014)

Patient identified ad hoc as having high risk of Vitamin D deficiency but is asymptomatic

Give lifestyle advice

Priority Group
elderly, pregnant, breastfeeding, < 5 yrs

Yes

Prescribe Vit D3
400 IU/ day

Give leaflet and advise to buy OTC

No

Patient presents with symptoms of widespread bone pain OR tenderness OR myalgia OR proximal muscle weakness

Does patient have any relevant past medical history?
Hypercalcaemia, metastatic calcification, renal stones, severe hypercalciuria, stage 4 CKD or eGFR < 30ml/minute, primary hyperparathyroidism, low bone mineral density

Yes

Manage the primary diagnosis

No

Test: U&E’s, LFT’s, FBC, CRP, ALP, PO4, TFT’s, Ca++, CK

NORMAL RESULT

Do Vit D ASSAY

<30*nmol/L DEFICIENCY

Prescribe 300,000 IU dose over 6-10 wks*

Monitor @ 1 month: plasma Ca++, Then Monitor @ 3 months: plasma Ca++, Pho4, Alk Phos, PTH

If abnormal results or symptoms unresolved, REFER

If symptoms resolved, move to maintenance therapy

>50nmol/L Adequate Vitamin D status NO SUPPLEMENTATION Investigate further for causes of symptoms, REFER if necessary

>50nmol/L INSUFFICIENCY

Prescribe 150,000 IU dose over 6-10 wks*

ABNORMAL

In particular raised Alk Phos (a good indicator of Vit D deficiency)

TREAT EMPIRICALLY

MAINTENANCE THERAPY

400 IU daily OTC (Patient to purchase)
(N.B. If osteoporosis being treated the CaVitD3 preparation will provide an appropriate dose; no need for further supplement)

*Update August 2013"